

## UNITED STATES DISTRICT COURT

for the

Southern District of Iowa

United States of America )

v. )

John Tate )

c/o Daid A. Warrington )

LeClairRyan, 2318 Mill Road, Ste 1100, Alexandria, VA )

Defendant )

Case No. 4:15-CR-103

## SUMMONS IN A CRIMINAL CASE

**YOU ARE SUMMONED** to appear before the United States district court at the time, date, and place set forth below to answer to one or more offenses or violations based on the following document filed with the court:

☒ Indictment    ☐ Superseding Indictment    ☐ Information    ☐ Superseding Information    ☐ Complaint  
☐ Probation Violation Petition    ☐ Supervised Release Violation Petition    ☐ Violation Notice    ☐ Order of Court

Place: U.S. Courthouse  
123 E. Walnut St.  
Des Moines, IA 50309

Courtroom No.: Rm 455

Date and Time: 09/03/2015 2:00 pm

This offense is briefly described as follows:

T 18 U.S.C. § 371 (Conspiracy)  
T 18 U.S.C. § 2 & 1519 (Causing False Records)  
T 52 U.S.C. §§ 30104(a)(1), 30104(b)(5)(A) & 30109(d)(1)(A)(i) (causing False Campaign Expenditure Reports)  
T 18 U.S.C. §§ 2 & 1001(a)(1) (False Statements Scheme)  
T 18 U.S.C. §§ 2 & 1001(a)(2) (False Statements)  
T 18 U.S.C. § 1512(b)(3) (Obstruction of Justice - Witness)

This summons orders you to appear before the U.S. District Court. At that time, you are required to be present with an attorney. If you cannot afford an attorney, please call the U.S. District Court Clerk's Office at 515-284-6248.

Date: 07/30/2015

SUMMONS ISSUED

MARJORIE E. KRAHN, Clerk

By:

*Susan Crocker*

DEPUTY CLERK

I declare under penalty of perjury that I have:

☐ Executed and returned this summons☐ Returned this summons unexecuted

Date:

Server's signature

NOTE: Upon receipt of this document, you are requested to call the U.S. Probation Office at 515-284-6207 to schedule a bond review.

Printed name and title

Case No. 4:15-CR-103

**This second page contains personal identifiers and therefore should  
not be filed in court with the summons unless under seal.  
(Not for Public Disclosure)**

**INFORMATION FOR SERVICE**

Name of defendant/offender: \_\_\_\_\_

Last known residence: \_\_\_\_\_

Usual place of abode (if different from residence address): \_\_\_\_\_

If the defendant is an organization, name(s) and address(es) of officer(s) or agent(s) legally authorized to receive service of process: \_\_\_\_\_

If the defendant is an organization, last known address within the district or principal place of business elsewhere in the United States: \_\_\_\_\_

**PROOF OF SERVICE**

This summons was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on this defendant \_\_\_\_\_ at  
(place) \_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ On (date) \_\_\_\_\_ I left the summons at the individual's residence or usual place of abode  
with (name) \_\_\_\_\_, a person of suitable age and discretion who resides  
there, and I mailed a copy to the individual's last known address; or

☐ I delivered a copy of the summons to (name of individual) \_\_\_\_\_,  
who is authorized to receive service of process on behalf of (name of organization) \_\_\_\_\_  
on (date) \_\_\_\_\_ and I mailed a copy to  
the organizations's last known address within the district or to its principal place of business elsewhere in the  
United States; or

☐ The summons was returned unexecuted because: \_\_\_\_\_

I declare under penalty of perjury that this information is true.

Date returned: \_\_\_\_\_

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Printed name and title

Remarks: \_\_\_\_\_